

**APPLICATION FOR ALL NCWTFOCB EXAMINATIONS**

<b>Instructions:</b> 1) Carefully & completely fill out the entire application. Incomplete applications will be denied. 2) Application must be typed/printed in ink and <b>checks made payable to: NC Water Treatment Facility Operators Certification Board, 1635 Mail Service Center, Raleigh, NC 27699-1635</b> 3) Application must be postmarked no later than 30 days prior to the exam. Applications postmarked <b>after</b> the 30-day deadline will be denied. 4) <span style="color: red;">Administrative processing fee for the exam is \$50.00 and non-refundable.</span> 5) <span style="color: red;">Apprentice examinations are for individuals wishing to test with NO EXPERIENCE.</span>					<b>PLEASE PRINT</b>  Date Stamp _____  If after exam cut-off enter Envelope Date Stamp: _____	
<b>Exam Selection: (check ONE)</b>  <input type="checkbox"/> <b>Traditional</b> <input type="checkbox"/> <b>Electronic</b>			<input type="checkbox"/> <b>APPRENTICE (APP)</b> <small>Testing with NO experience</small>		<b>Traditional Exam Dates</b> Last Thursday of month at 10AM sharp – Please choose location and month for traditional exams: <input type="checkbox"/> February <input type="checkbox"/> May <input type="checkbox"/> August <input type="checkbox"/> October Locations: <input type="checkbox"/> Kinston <input type="checkbox"/> Morganton <input type="checkbox"/> Raleigh  <b>Electronic Exam Dates:</b> Last TUESDAY of month listed below <input type="checkbox"/> Triangle Area   March <input type="checkbox"/> Western NC   September <input type="checkbox"/> Eastern NC   July  <span style="color: red;">Electronic Exams will be given in different regions and different locations within regions on different dates <b>NOT</b> simultaneously.</span>	
SURFACE:	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> App C		
WELL:	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D		
			<input type="checkbox"/> App C	<input type="checkbox"/> App D		
DISTRIBUTION:	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D		
			<input type="checkbox"/> App C	<input type="checkbox"/> App D		
<b>CROSS-CONNECTION</b> <input type="checkbox"/> <b>APP Cross-Connection</b> <input type="checkbox"/>		Have you previously held a WTFOCB certificate that was revoked or expired? <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Preferred Mailing Address</b> <input type="checkbox"/> Home <input type="checkbox"/> Employer		
<b>APPRENTICE ONLY – Applicant has read and understands the Apprentice Examination rules and requirements</b> _____ <div style="text-align: right;"><small>(APPLICANT INITIAL)</small></div>						
Social Security # ____ / ____ / ____      Date of Birth ____ / ____ / ____ <b>Applicant Name:</b> <input type="checkbox"/> Mr. <input type="checkbox"/> Ms.   ____ / ____ / ____ <div style="text-align: center;"><small>Must be 18 years old</small></div>			<b>REQUIRED</b> except for Apprentice Examinations – <span style="color: red;">IF unemployed</span> , please provide the employer contact information where you received your experience. <b>Employer Name:</b> _____ _____ Employer's Mailing Address _____ _____ City _____ State _____ Zip _____ <b>Printed Supervisor Name:</b> _____ Supervisor/Contact Phone ( _____ ) _____ Supervisor/Employers E-Mail _____ FAX: ( _____ ) _____ County _____			
Name _____ Middle _____ Last _____ (Jr. Sr. etc.) _____ Home Mailing Address _____ _____ City _____ State _____ Zip _____ Home Phone: ( _____ ) _____ E-Mail Address: _____						
<b>ALL applicants applying for the <u>FIRST</u> time for <u>C and D</u> level examinations or the Cross-Connection examination <u>MUST</u> include a copy of a high school diploma, high school transcript, GED or college diploma.</b>						
<b>Education:</b> <input type="checkbox"/> HS Diploma <input type="checkbox"/> HS Transcript <input type="checkbox"/> GED <input type="checkbox"/> College Diploma A copy of your college diploma <u>must</u> be attached if experience will be based on college degree.					<b>Education Completed Copy Attached</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Required School Information:</b> (Applicants must attach a Certificate of Completion for required certification school if training has been completed. <b>ALL certificates</b> from approved schools <b>MUST</b> be submitted by the <b>15th of the exam month.</b> )						
<b>Certification School Attended or To Attend AND Dates</b> _____					<b>Date</b> _____	
System Name: _____		System Type _____		System Class _____		
<b>BOARD USE ONLY:</b>		<b>Recommend:</b> _____		NEW Op <input type="checkbox"/> H.S. <input type="checkbox"/> School Cert. <input type="checkbox"/> Shoring <input type="checkbox"/> Experience		
<b>Op ID#</b> _____		Pending _____		Approval Pending Receipt      Date Called _____		
Payment <input type="checkbox"/> Check Type: <input type="checkbox"/> Money Order		Denied: _____		<input type="checkbox"/> Proof of Education      _____ <input type="checkbox"/> School Certificate      _____ <input type="checkbox"/> Shoring Certificate      _____ <input type="checkbox"/> Experience      _____ <input type="checkbox"/> Signatures      _____ <input type="checkbox"/> OTHER _____		
<b>Check No.</b> _____		Reason for Denial _____		<b>Experience Details</b> <input type="checkbox"/> Times Taken _____ X Taken Since Sch _____ Certification      Date: _____ _____ / _____ _____ / _____ _____ / _____		
<b>Notified:</b> _____ <b>Initial Certification</b> <input type="checkbox"/> YES <input type="checkbox"/> NO		<b>Comments:</b> _____				

**THE BACK OF THIS APPLICATION MUST BE COMPLETED IN DETAIL**

Operational Experience: Please **DETAIL** your experience as it relates to the type of exam for which you are applying.  
Use additional pages if needed.

Applicants Currently Employed Must Complete The Following Information: System ID #:			
Type of Exam Experience applying for:	<input type="checkbox"/> SURFACE	<input type="checkbox"/> WELL	<input type="checkbox"/> DISTRIBUTION <input type="checkbox"/> CROSS-CONNECTION
EXPERIENCE	Hours worked per week _____	Start Month: _____	Start Year: _____
System Name: _____	System ID # _____	End Month: _____	End Year: _____
Describe In <b>DETAIL</b> Your Active, Daily Hands-on Experience:		Total Months _____	Total Years: _____
ADDITIONAL EXPERIENCE	Hours worked per week _____	Start Month: _____	Start Year: _____
System Name: _____	System ID # _____	End Month: _____	End Year: _____
Type of Exp: <input type="checkbox"/> Well <input type="checkbox"/> Surface <input type="checkbox"/> Distribution <input type="checkbox"/> Cross-Conn.		Total Months _____	Total Years: _____
Describe In <b>DETAIL</b> Your Active, Daily Hands-on Experience:			
ADDITIONAL EXPERIENCE	Hours worked per week _____	Start Month: _____	Start Year: _____
Lab, maintenance, wastewater or other experience should be listed here.		End Month: _____	End Year: _____
Describe In <b>DETAIL</b> Your Active, Daily Hands-on Experience:		Total Months _____	Total Years: _____

**APPLICANT'S STATEMENT OF CERTIFICATION:** I have read and am aware of the requirements to take this exam as listed in *THE RULES GOVERNING WATER TREATMENT OPERATORS* #15A NCAC 18D .0201. I certify that the information I have provided is correct to the best of my knowledge. I understand that recording false information may lead to my certificate being **REVOKED**.

APPLICANT'S SIGNATURE

DATE

OPERATOR ID # (if certified)

**APPRENTICE APPLICANT'S STATEMENT OF CERTIFICATION:** I have read and am aware of the requirements to take this examination. I verify that I understand taking and passing this examination entitles me to apprentice status and not a certified operator. I certify that the information given is correct to the best of my knowledge. I also understand that **if I do not pursue and obtain full certification within 5 years, the apprentice certification will expire**. I understand that recording false information may lead to denial of taking the exam.

APPRENTICE APPLICANT'S SIGNATURE

PRINTED NAME

DATE

**VERIFICATION BY OPERATOR IN RESPONSIBLE CHARGE, OWNER OR SUPERVISOR:** I have reviewed this application and hereby certify that all statements are true and correct to the best of my knowledge. I, therefore, recommend that the applicant be considered for certification/apprentice status by the board. I understand that I am responsible for verifying the experience of the applicant and that false information can lead to the applicant's and/or my certificate being **revoked**. **This signature is NOT required for APPRENTICE APPLICATIONS unless currently employed.**

ORC, OR OWNER'S PRINTED NAME: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

CERT NO: \_\_\_\_\_

Before mailing:

Is all supporting and/or required documentation attached?

All signatures are required before processing.